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7/23/19

TO: Burnet County Commissioners Court

FROM: Burnet County Auditor's Office

Request approval to issue a hand check in the amount of \$299,834.84 payable to Texas Association of Counties Benefits Pool for BCBS Health & Dental Insurance Premium for the month of August 2019.

  
\_\_\_\_\_  
Burnet County Judge



Health and Employee Benefits Pool Invoice

Mrs. Sara Ann Luther  
Burnet County

HR Coordinator  
133 E Jackson Street  
Burnet, TX 78611

Invoice Date  
Invoice Number  
  
Billing Period  
Group Number

7/19/2019  
94619201908  
  
August 2019  
94619

Payment Due Date

30 Days from Invoice  
Date

Burnet County 94619201908

Invoice Summary

|                             |              |        |
|-----------------------------|--------------|--------|
| Previous Amount Due         | \$295,736.78 |        |
| Payment Received, 6/28/2019 | \$295,736.78 |        |
| Credit Amount               |              | \$0.00 |

RECEIVED  
2019 JUL 22 PM 3:24  
KARRE BROWNOWER  
BURNET CO. TREASURER

August 2019

**New Charges**

|                                 |              |              |
|---------------------------------|--------------|--------------|
| Medical                         | \$289,358.42 |              |
| Dental                          | \$11,367.60  |              |
| Sub-Total Contributions         |              | \$300,726.02 |
| Retroactive Adjustments Summary |              | (\$891.18)   |

**Sub-Total New Charges**

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**\$299,834.84****Past Due****\$0.00****Total Due****\$299,834.84**